

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: COHO LLC (0009438)

Address: 502 W ADAMS ST, COLBY, WI 54421

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0095472 **End Date:** 06/08/2005 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10010019 Served 09/03/2005

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------------------|--------------------------------|------------------|
| 50.065(2)(b)intro | ENTITY BACKGROUND CHECK REQUIREMENTS | | |
| 83.14(1)(a)1 | RESIDENT RIGHTS | | |
| 83.14(1)(d) | FIRE SAFETY, FIRST AID & CHOKING | | |
| 83.32(2)(c)1 | ANNUAL EVALUATION-PARTICIPATION | | |

Survey ID: 0090989 **End Date:** 09/08/2003 **Type:** OTHER **Purpose:** DESK REVIEW

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006451 Served 09/12/2003

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|--------------------------------|------------------|
| 83.20(2)(d)1 | DEPARTMENT REVIEW OF DISCHARGE/TRANSFER | 06/08/2005 | Yes |

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Survey ID: 0090909 End Date: 08/07/2003 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006441 Served 09/03/2003

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-------------------------------------|--------------------------------|------------------|
| 13.05(2) | CLIENT PROTECTION | 06/08/2005 | Yes |
| 83.19(3)(f) | ACCIDENT RESULTS IN HOSPITALIZATION | | |
| 83.21(4)(p) | PROMPT AND ADEQUATE TREATMENT | | |

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Enforcement History

Date: 09/01/2005 **SOD #10010019** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(1)(d)

Date: 09/02/2003 **SOD #10006441** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.21(4)(p)

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Complaint History

Date Complaint Received: 06/17/2003

Date Investigation Completed: 07/28/2003

Subject Area(s)

ADMINISTRATION

Result

SUBSTANTIATED

SOD #

10006441

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